

USM 285 is a 5-part form. Fill out the form and print 5 copies. Sign as needed and route as specified below.

U.S. Department of Justice  
United States Marshals Service**PROCESS RECEIPT AND RETURN**  
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF <b>United States of America</b>	COURT CASE NUMBER <b>21-cv-01405</b>
DEFENDANT <b>NINA STOUFFER</b>	TYPE OF PROCESS SALE

**SERVE  
AT**

NAME OF INDIVIDUAL, COMPANY, CORPORATION ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
**NINA STOUFFER**

ADDRESS (Street or RFD, Apartment No., City, State and Zip code)  
**2314 McCleary Drive Chambersburg, PA 17201**

SEND NOTICE OF SERVICE COPY OF REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285	
<b>KML Law Group, P.C.</b> <b>701 Market St.</b> <b>Suite 5000</b> <b>Philadelphia, PA 19106</b>	Number of parties to be served in this case	
	Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers and Estimated Times Available for Service)

Please post premises by 3/15/2023. Thank you!

Signature of Attorney other Originator requesting service behalf of:	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER <b>215-627-1322</b>	DATE <b>1/29/23</b>
--	---	---	------------------------

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process <b>1</b>	District of Origin <b>67</b> No	District to Serve <b>67</b> No	Signature of Authorized USMS Deputy or Clerk <b>[Signature]</b>	Date <b>1/30/23</b>
---	---------------------------	---------------------------------------	--------------------------------------	--	------------------------

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode						
Address (complete only different than shown above)	<table border="1"> <tr> <td>Date <b>3/1/2023</b></td> <td>Time <b>7:10</b></td> <td><input checked="" type="checkbox"/> am <input type="checkbox"/> pm</td> </tr> <tr> <td colspan="3">Signature of U.S. Marshal or Deputy <b>[Signature]</b></td> </tr> </table>	Date <b>3/1/2023</b>	Time <b>7:10</b>	<input checked="" type="checkbox"/> am <input type="checkbox"/> pm	Signature of U.S. Marshal or Deputy <b>[Signature]</b>		
Date <b>3/1/2023</b>	Time <b>7:10</b>	<input checked="" type="checkbox"/> am <input type="checkbox"/> pm					
Signature of U.S. Marshal or Deputy <b>[Signature]</b>							

Service Fee	Total Mileage Charges including endorsements	Forwarding Fee	Total Charges <b>\$208.60</b>	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) <b>\$0.00</b>
-------------	--	----------------	----------------------------------	------------------	--

REMARKS  
**1 USM - 2 hr = \$130.00**  
**170 m. hrs x .655 = \$111.35**  
**78.60**

Posted on Residence on 3/1/23 at 7:10 am

PRINT 5 COPIES

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

**FILED**  
**HARRISBURG, PA**

MAR 02 2023

PER **[Signature]**  
 DEPUTY CLERK

Form USM-285  
Rev 12/80